

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	
2		/					52	
3	/						53	
4	/						54	
5	/						55	
6							56	
7	/						57	
8	/						58	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	